

Compounding Specialists of Wyoming
2546 East 2nd Street, Bldg#100
Casper, WY 82609

(307) 266-3166

Fax (307) 237-7748

Compounding Specialists of Wyoming would like to provide you and your pet with the best pharmacy services available. To do this, our pharmacists need basic information about your pet's medical history and their current medication profile, including all prescription and non-prescription medications. As well, please identify any other medical problems including drug or food allergies. Thank you for helping us serve you better.

Pet Information Sheet

Pet's Name: _____ Owners Name: _____

Address: _____
Street PO Box/Apt # City State Zip

Home Phone: _____ Pet's Weight: _____ (lbs) Pet's Age: _____

Veterinary Clinic: _____
(Name) City State Zip

Preferred Doctor Name: _____ Veterinary Phone: _____

Known Allergies (drugs or food): _____

Medications your pet is currently taking: _____

Any other medical conditions that our Pharmacists should be aware of: _____

Owner's Signature: _____ Date: _____

You may pay by credit card if you wish, Please complete the following information:

___ American Express ___ Master Card ___ Discover ___ Visa

Card # _____ Exp: _____ CCID#: _____

_____ I authorize the billing of this credit card for new and refill prescriptions from PCS of Wyoming.

Cardholder Signature: _____ Date: _____